STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1: Name and Address of Committee Refers. and Insurance Afent of Lowsland Political Action Commute 8they Summa the Sta C BRLA 70869 Check If: New Committee	2. Date of this Statement 2. Date of this Statement 2. Date of this Statement 3. Estimated Membership 2. Date of this Statement 3. Estimated Membership 4. Amended Statement? Yes No	PAC 5/0 1/25 # 196419 # 0902
5. All Committee Officers and Directors (including Chairperson, Treasurer	, if any, and any other committee of	ficers and directors)
a. Name b. Position Chairperson Tody Boudreau Treasurer	c. Address 8064 Summe Ar BRLA 70889	ND DELIN SAMPAIGN FINANCE IVER PM
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indicated as Name b. Address PIA of Louis, use 8064 Jumme BRLA 70		financially supports this committee.) c. Relationship to Committee Navent
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address 523 Essen Care RR LA 70705		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report John Bruch ea b. Daytime Telephone 225-766-7770	u-	
10. WE HEREBY CERTIFY that the information contained in this STATEME and belief.	ENT OF ORGANIZATION is true and	I correct to the best of our knowledge, information
This		ティフ66~クフララ me Telephone Number
Signature of Committee Treasurer, if any		me Telephone Number